



 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: ANC90LA001		Aircraft Registration Number: N9382F	
		Occurrence Date: 10/01/1989		Most Critical Injury: None	
		Occurrence Type: Accident		Investigated By: NTSB	
Location/Time					
Nearest City/Place KING SALMON	State AK	Zip Code 99613	Local Time 1747	Time Zone ADT	
Airport Proximity: Off Airport/Airstrip		Distance From Landing Facility: 0		Direction From Airport: 0	
Aircraft Information Summary					
Aircraft Manufacturer CESSNA		Model/Series 208		Type of Aircraft Airplane	
Sightseeing Flight: No			Air Medical Transport Flight: No		
Narrative					
Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:					
FACTUAL REPORT - AVIATION					

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		Occurrence Date: 10/01/1989			
		Occurrence Type: Accident			
Landing Facility/Approach Information					
Airport Name	Airport ID: NONE	Airport Elevation Ft. MSL	Runway Used 0	Runway Length	Runway Width
Runway Surface Type:					
Runway Surface Condition:					
Type Instrument Approach: NONE					
VFR Approach/Landing: None					
Aircraft Information					
Aircraft Manufacturer CESSNA		Model/Series 208		Serial Number 20800035	
Airworthiness Certificate(s): Normal					
Landing Gear Type: Float					
Homebuilt Aircraft? No	Number of Seats: 10	Certified Max Gross Wt. 8000 LBS	Number of Engines: 1		
Engine Type: Turbo Prop	Engine Manufacturer: P&W	Model/Series: PT6A-114	Rated Power: 600 HP		
- Aircraft Inspection Information					
Type of Last Inspection AAIP	Date of Last Inspection 09/23/1989	Time Since Last Inspection 23 Hours	Airframe Total Time 1436 Hours		
- Emergency Locator Transmitter (ELT) Information					
ELT Installed? Yes	ELT Operated? No	ELT Aided in Locating Accident Site? No			
Owner/Operator Information					
Registered Aircraft Owner MARK AIR, INC		Street Address 4100 WEST INTERNATIONAL ROAD			
		City ANCHORAGE	State AK	Zip Code 99502	
Operator of Aircraft MARK AIR EXPRESS		Street Address P.O. BOX 7010			
		City BETHEL	State AK	Zip Code 99559	
Operator Does Business As:			Operator Designator Code: HERA		
- Type of U.S. Certificate(s) Held:					
Air Carrier Operating Certificate(s): Commuter Air Carrier; On-demand Air Taxi					
Operating Certificate:			Operator Certificate:		
Regulation Flight Conducted Under: Part 135: Air Taxi & Commuter					
Type of Flight Operation Conducted: Unknown					
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First Pilot Information																																																																																				
Name		City		State	Date of Birth	Age																																																																														
On File		On File		On File	On File	35																																																																														
Sex: M	Seat Occupied: Left	Principal Profession: Civilian Pilot			Certificate Number: On File																																																																															
Certificate(s): Flight Instructor; Commercial																																																																																				
Airplane Rating(s): Multi-engine Land; Single-engine Land; Single-engine Sea																																																																																				
Rotorcraft/Glider/LTA: Helicopter																																																																																				
Instrument Rating(s): Airplane																																																																																				
Instructor Rating(s): Helicopter																																																																																				
Type Rating/Endorsement for Accident/Incident Aircraft? No				Current Biennial Flight Review?																																																																																
Medical Cert.: Class 2		Medical Cert. Status: Valid Medical--w/ waivers/lim.			Date of Last Medical Exam: 02/02/1989																																																																															
<table border="1"> <tr> <th rowspan="2">- Flight Time Matrix</th> <th rowspan="2">All A/C</th> <th rowspan="2">This Make and Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multi-Engine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> <tr> <td>Total Time</td> <td>3020</td> <td>310</td> <td>2870</td> <td>40</td> <td>140</td> <td>75</td> <td>85</td> <td>110</td> <td></td> <td></td> </tr> <tr> <td>Pilot In Command(PIC)</td> <td>2765</td> <td>305</td> <td>2684</td> <td>15</td> <td>115</td> <td>25</td> <td></td> <td>55</td> <td></td> <td></td> </tr> <tr> <td>Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>210</td> <td>210</td> <td>210</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>84</td> <td>84</td> <td>84</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>5</td> <td>5</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						- Flight Time Matrix	All A/C	This Make and Model	Airplane Single Engine	Airplane Multi-Engine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	3020	310	2870	40	140	75	85	110			Pilot In Command(PIC)	2765	305	2684	15	115	25		55			Instructor											Last 90 Days	210	210	210								Last 30 Days	84	84	84								Last 24 Hours	5	5	5							
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Seatbelt Used? Yes		Shoulder Harness Used? Yes			Toxicology Performed? No		Second Pilot? No																																																																													
Flight Plan/Itinerary																																																																																				
Type of Flight Plan Filed: Company VFR																																																																																				
Departure Point		State		Airport Identifier	Departure Time	Time Zone																																																																														
Same as Accident/Incident Location					0000																																																																															
Destination		State		Airport Identifier																																																																																
KING SALMON		AK		AKN																																																																																
Type of Clearance: None																																																																																				
Type of Airspace: Class G																																																																																				
Weather Information																																																																																				
Source of Briefing: Flight Service Station																																																																																				
Method of Briefing:																																																																																				

 National Transportation Safety Board FACTUAL REPORT AVIATION		NTSB ID: ANC90LA001			
		Occurrence Date: 10/01/1989			
		Occurrence Type: Accident			
Weather Information					
WOF ID	Observation Time	Time Zone	WOF Elevation	WOF Distance From Accident Site	Direction From Accident Site
	0000		0 Ft. MSL	0 NM	0 Deg. Mag.
Sky/Lowest Cloud Condition: Scattered			6000 Ft. AGL		Condition of Light: Day
Lowest Ceiling: None			0 Ft. AGL		Visiblity: 100 SM
Altimeter: "Hg					
Temperature: 7 °C	Dew Point: °C	Wind Direction: Variable		Density Altitude: Ft.	
Wind Speed: 15	Gusts: 20	Weather Conditions at Accident Site: Visual Conditions			
Visibility (RVR): 0 Ft.	Visibility (RVV) 0 SM	Intensity of Precipitation: Unknown			
Restrictions to Visibility: None					
Type of Precipitation: None					
Accident Information					
Aircraft Damage:		Aircraft Fire:		Aircraft Explosion	
Classification:					
- Injury Summary Matrix	Fatal	Serious	Minor	None	TOTAL
First Pilot				1	1
Second Pilot					
Student Pilot					
Flight Instructor					
Check Pilot					
Flight Engineer					
Cabin Attendants					
Other Crew					
Passengers				2	2
- TOTAL ABOARD -				3	3
Other Ground	0	0	0		0
- GRAND TOTAL -	0	0	0	3	3
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	Occurrence Type: Accident	
Administrative Information		
Investigator-In-Charge (IIC) JAMES D. LA BELLE		
Additional Persons Participating in This Accident/Incident Investigation:		
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